PART B - FEE(S) TRANSMITTAL

14	PR 2 1 2005 E	this form, together wit		or <u>Fax</u>	Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450	
~:	INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for inflataments fee notifications.						
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1	KLAUBER & JACKSON 411 HACKENSACK AVENUE HACKENSACK, NJ 07601 22/2005 DEMMANU2 00000048 10790372				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
14/6	5/5002 DEVUNUS AAAA	10/303/2			Karen Ga	ripoli	(Depositor's name)
	FC:2501 700.00 OP FC:1504 300.00 OP FC:8001 30.00 OP				Kasen	Garpele	(Signature)
					APRIL 19, 2005		(Date)
ſ	APPLICATION NO. FILING DATE		FIRST NAMED INVE		ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
ι	10/790,372	03/01/2004	Reijo Var			2657-1-001CON	9362
[APPLN. TYPE	SMALL ENTITY	ISSUE FE		JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	YES	\$700		\$300	\$1000 - 3 0	06/16/2005
	EXAMINER		ART UN	IT C	LASS-SUBCLASS	1030.06	
	NOLAND, KENNETH W		3653		221-070000	70 90 .06	
?	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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	(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
	ADDOZ OY	Helsinki,Finland					
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	Authorized Signature				Date	4/19/2005	
	Typed or printed name David A. Jackson					No. 26,742	
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